

**Amendment No. 1 to HB3311**

**Armstrong  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 3667**

**House Bill No. 3311\***

by adding the following language immediately after the caption and before the enacting clause:

WHEREAS, antibiotic-resistant infections are a serious problem nationwide; and

WHEREAS, Tennessee is a leader in collecting and reporting on antibiotic resistant infections by having made invasive methicillin-resistant *Staphylococcus aureus* (MRSA) and other resistant organisms reportable to the department of health's communicable and environmental disease services division in 2004; and

WHEREAS, Tennessee is unique among states in its partnership with the Tennessee department of health, healthcare organizations, associations and infection control experts through the infection task force created in 2005 to study the issue of healthcare-acquired infections and make recommendations to the department of health via the Tennessee improving patient safety (TIPS) advisory committee; and

WHEREAS, recommendations of the infection task force include evidence-based strategies to prevent infections adopted by the state through previous reporting statutes, changes to the health care licensure rules and regulations and statewide education and awareness campaigns, and

WHEREAS, many hospitals also participate in voluntary quality initiatives such as the Hospital Quality Alliance for public reporting, Joint Commission Accreditation and National Patient Safety Goals, the Institute for Healthcare Improvement's *5 Million Lives* campaign, and Surgical Care Improvement Project; and

WHEREAS, the Tennessee center for patient safety, an initiative of the Tennessee hospital association, was created in 2007 to support and accelerate hospital quality improvement and patient safety; and

WHEREAS, the Tennessee center for patient safety has an advisory council with representatives from twelve (12) partner organizations including the United States department of health, Quality Improvement Organization (QIO), American College of Surgeons and Associations for Professionals in Infection Control (APIC) along with hospital and health system representatives; and

WHEREAS, the Tennessee center for patient safety and its partners have created a statewide collaborative on reducing health care acquired infections focused on central line bloodstream infections, MRSA and surgical infections by implementing targeted interventions based on data and local risk assessments; and

WHEREAS, the collaborative has engaged national expert faculty whose model for patient safety has been successfully implemented in over two hundred (200) hospitals resulting in dramatic and sustained improvements in evidence-based interventions; now, therefore, AND FURTHER AMEND by deleting SECTION 1 of the printed bill in its entirety and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new, appropriately designated section:

Section 68-11-269.

(a) Health care facilities, as part of their infection control program, shall perform a local risk assessment for MRSA in the facility. In those facilities where current interventions have not resulted in reduction in MRSA infections, implementation of a comprehensive program to reduce such infections should occur.

(b) A health care facility's comprehensive infection control program may include, but is not limited to, implementation of a hand hygiene education and monitoring program; the use of contact precautions for patients colonized or infected with MRSA; the effective cleaning of patient care equipment and the patients' environment; consideration of use of active surveillance testing for high risk groups identified through a facility's local risk assessment to identify persons colonized with MRSA; feedback of surveillance data to key stakeholders, including senior facility leadership, physicians,

nursing staff and other clinicians; education of healthcare personnel about epidemiologically significant organisms; and education of patients and families about prevention of healthcare-associated infections.

(c) Hospitals, nursing homes and other health care facilities should communicate MRSA status of patients transferred or admitted to other facilities. However, facilities should not delay the admission or transfer of patients colonized with MRSA.